

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/		/				52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		(C)		1			57						
8		(C)		1			58						
9		(C)		1			59						
10		(C)		1			60						
11	/						61						
12	/		/				62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		(C)		1			66						
17		(C)		1			67						
18		(C)		1			68						
19		(C)		1			69						
20		(C)		1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
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32							82						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		2				TOTAL IND.						
TOTAL DEP.	22		15				TOTAL DEP.						
TOTAL CLAIMS	26		17				TOTAL CLAIMS						